

# Management of Facial Laceration in a Child Resulting from Animal Conflict

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Animal conflict wounds or bite wounds are commonly located on face, owing to its prominence. Emergency centers around the world attend around eleven million cases of skin lacerations yearly. Out of this 1-2 million cases involve conflict with domestic animals including cats, dogs, bulls, etc. Although exact numbers are not clear due to lack of compulsory reporting of such injuries, their repercussion and importance should not be underestimated.<sup>1,2</sup> Bacteriology of these wounds and lacerations includes broad spectrum of microorganisms. Initial management of facial laceration includes proper irrigation and debridement to avoid any infection. These facial lacerations have disfiguring effect with depressing psychological repercussion to the patient. Children are frequently involved in animal conflicts due to their provocative behavior or short stature, which exposes their face closer to animal's reach.<sup>3</sup>

This article presents a case of facial laceration and its management; which would be of interest to all the professionals including dentists, maxillofacial surgeons who deal with facial tissues.

A 10-year-old male child was referred to our center from a primary health center in a remote hamlet with a wide facial laceration extending from the right body of mandible extraorally to lower lip (Figure 1). Treatment of lacerations due to animal conflicts or bite consists mainly of proper wound cleaning to diminish the chances of life-threatening infections as well as administration of adequate antibiotics. Parents of the child reported the cause of laceration to be a conflict of the child with



Figure 1: The extent of laceration in the right cheek region



Figure 2: The sutured laceration under local anesthesia

their domestic bull; whose horns caused a deep laceration on child's right cheek. The patient was administered tetanus prophylaxis at primary hospital. In a child who follows immunization calendar, tetanus injection may not be necessary as compared to adults who should get the vaccine administered if there is 5 years gap. Primary evaluation of patient was carried out and was found to

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be hemodynamically stable. Facial examination revealed a laceration involving skin and mucosa in the right cheek and labial region, with no signs of arterial bleed. Facial artery which runs in close approximation to the present laceration was found to be intact. No bony or dental fracture was present. Closure of the laceration was planned under local anesthesia, as the patient was young. Wound was copiously irrigated using saline, hydrogen peroxide, and povidone-iodine solution. Wound debridement was done which significantly reduces the chances of infection.<sup>4</sup> Wound closure was done in layers using 3-0 vicryl and 4-0 ethicon for skin closure (Figure 2). Systemic antibiotics, analgesics, and topical ointments were advised. The patient was followed up periodically, and healing was uneventful (Figure 3). Sutures were removed on the 8<sup>th</sup> post-operative day. Patient and his parents were very much satisfied with the results and minimal pain while operating.

#### Points to Ponder

- Brisk irrigation and elimination of foreign material are of vital importance as the human animal conflicts involve dirt, grass, etc., which may cause severe infections.
- Topical antibacterial ointments help in maintaining moist environment which inhibits the formation of scab; which impairs epithelization.
- Possible care should be taken to minimise post-operative disfiguration and an ugly scar and if



**Figure 3: Post-operative follow up picture after suture removal with topical ointment**

required secondary correction surgery should be performed.

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